## Medicare Modernization Act of 2003 (MMA)

Overview of final rules and their impact on the behavioral health system



#### Outline of Presentation

- Introduction
- Key Dates
- Part D Plans
- Eligibility Issues

- Enrollment in Part D
- Part D Drugs
- Cost Sharing
- MMA Implementation

#### Introduction

- Provides for a prescription drug benefit under Medicare (Part D) effective January 1, 2006
- Part D benefit to be provided by Prescription Drug Plans (PDPs) and Medicare Advantage Prescription Drug Plans (MA-PDs)

## Introduction (cont.)

- Dual Eligibles to begin receiving Part D prescription drugs from PDPs and MA-PDs.
- Part D drugs will no longer be covered by Medicaid for dual eligible individuals (effective January 1, 2006) even if the individual opts out of Part D.

## **Key Dates**

See Handout

## Part D Plans

#### What are PDPs?

- Only provide Part D benefits (prescription drugs)
- Must be a nongovernmental entity
- Must provide service throughout the PDP region (Arizona is its own PDP region)
- Contract directly with CMS

#### What are MA-PDs?

- Managed care organizations that provide the full array of Medicare Benefits, including the Part D prescription drug benefit
- Must be nongovernmental entity
- May provide services in a specific geographic area (e.g., in zip codes 85282, 85251; in Maricopa County, etc.)
- Contract directly with CMS

# What are MA-PD Special Needs Plans (SNPs)?

- MA-PD plans that provide services to a limited population.
- In order to get SNP designation, MA-PDs must provide the full array of Medicare services to one of the following groups:
  - Institutionalized individuals,
  - Dual Eligibles, or
  - Individuals with severe or chronic conditions.

# Eligibility Issues

## Who is eligible for Part D?

- An individual who is:
  - Entitled to Medicare Part A; or
  - Enrolled in Medicare Part B; and
  - Lives in a Part D plan service area.

Note: Service area excludes facilities where individuals are incarcerated.

Individuals in State psychiatric institutions are entitled to enroll in Part D if otherwise eligible.

## What is a dual eligible?

- An individual who is eligible for both Medicaid and Medicare
- Approximately <u>82,000</u> dual eligibles in Arizona. (approx. <u>13,000</u> are enrolled in the behavioral health system)
- Approximately 6 million nationwide

# Which Behavioral Health Recipients will be impacted?

Dual eligibles (approx. 13,000)

Non-Medicaid, Medicare eligibles enrolled in a T/RBHA (e.g., SMI)

## Enrollment in Part D

#### Initial Enrollment Period

- For persons eligible for Part D on or prior to 1/31/06, November 15, 2005 – May 15, 2006.
- For persons first eligible to enroll in February 2006, November 15, 2005 – May 31, 2006.
- All subsequent months, the 7-month period that begins 3 months before the month an individual first becomes eligible, and ends 3 months after that first month of eligibility.

# Annual Coordinated Election Period

- For 2006, November 15, 2005 May 15, 2006.
- For subsequent years, November 15<sup>th</sup> December 31<sup>st</sup>.

## Special Enrollment Periods

A period other than the initial enrollment period and the annual coordinated election period in which an individual is able to enroll in a Part D plan due to special circumstances.

# Special Enrollment Periods (cont.)

- Special Enrollment periods exist for:
  - Full benefit dual eligibles
  - Involuntary loss or reduction of credible coverage
  - PDP's sponsor's contract is terminated
  - Individuals no longer eligible due to change in residence
  - Individuals moving into or out of a long term care facility
  - Individuals in State psychiatric institutions
  - Individuals being discharged from penal institutions

## Late Enrollment Penalty

- Premium penalty for late enrollment if eligible individual lacks credible coverage for more than 63 days.
- Dual eligibles are responsible for 20% of the late enrollment penalty for first 60 months
- Note CMS intends to establish a reconsideration process

#### Auto Enrollment

- Dual eligibles will be auto enrolled into Part D plans effective January 1, 2006.
- By early fall, dual eligibles will be notified of the Part D plan into which CMS will auto enroll them if they do not elect a plan on their own.
- Dual eligibles may opt out of the Part D plan
- Medicaid will not cover the prescription drug costs for Dual eligibles who choose to opt out
- Dual eligibles may choose to enroll in a different plan if there is a plan that better meets their needs.

#### Passive Enrollment

- Five AHCCCS Health Plans have applied to be MA-PD SNPs:
  - Phoenix Health Plan/Community
    Connection
  - Arizona Physicians IPA, Inc.
  - Care 1<sup>st</sup> Arizona
  - Health Choice Arizona
  - Mercy Care Plan

## Passive Enrollment (cont.)

- Dual eligibles who receive benefits from an AHCCCS Health Plan with SNP designation will be auto enrolled into that AHCCCS Health Plan for Part D coverage
- Approximately <u>10,000</u> dual eligible behavioral health recipients are currently enrolled in one of the 5 Health Plans that are applying for SNP designation.

# How will non-dual eligibles enroll in the Part D plan?

- Will need to actively select a Part D plan
- Will need to enroll in a Part D plan prior to 1/1/2006 to avoid a gap in coverage
- It will be critical that non-dual eligibles enroll in a plan that meets their needs, since they won't have access to special enrollment periods.

# Part D Drugs

## What are Part D drugs?

- All prescription drugs (unless excluded)
- Biological products
- Insulin and insulin supplies including syringes, needles, alcohol swabs and gauze
- Vaccines

# What drugs are excluded from Part D?

- Drugs covered under Part A or Part B
- Over the counter drugs
- Weight gain/loss drugs or drugs to treat anorexia
- Fertility drugs and cosmetic drugs
- Drugs to relieve cold and cough symptoms

# What drugs are excluded from part D? (cont.)

- Vitamins and minerals except prenatal vitamins and fluoride
- Outpatient drugs for which associated tests or monitoring must be purchased exclusively from manufacturer
- Barbiturates and benzodiazepines

#### Part D Plan Formularies

- Plans have some flexibility to decide what drugs will be covered
- CMS will review and approve all plan formularies
- Each formulary must include 2 unique drugs in each therapeutic class or category with different strengths and dosage forms

### Part D Plan Formularies (cont.)

- Formularies must include all or substantially all drugs within the following classes:
  - Antidepressants
  - Antipsychotics
  - Anticonvulsants
  - Antiretrovirals
  - Immunosuppressants
  - Antineoplastics
- When medically necessary, beneficiaries should be permitted to continue drugs that are providing clinically beneficial outcomes. (However, this will be up to the plans to determine.)

# Cost Sharing for Dual Eligibles

## Co-payments

- Duals whose income is <100% FPL will be subject to \$1 and \$3 co-payments for drugs
- Duals whose income is >100% FPL will have co-payments of \$2 and \$5.
- Pharmacies may waive a co-payment due to inability to pay— must be reviewed on a case by case basis

## Co-payments (cont.)

- There are no co-payments for persons who are institutionalized.
- Plans may offer enhanced coverage that would cover the cost of copayments
- Medicaid funding not available to cover co-payment costs

#### **Premiums**

- Dual eligibles and others with low income will receive a low income subsidy.
- The low income subsidy will be used to cover the cost of the plan premium.
- Plan premiums will vary based on the services they provide
- When possible the auto-enrollment process will assign duals to a plan whose premium is at or below the low income subsidy amount
- Medicaid funding is not available to cover any premium costs in excess of the low income subsidy

# Cost Sharing for Non-Dual Eligibles

(see handout for details)

# MMA Implementation

# What questions/issues will need to be addressed?

- Educating providers and behavioral health recipients of the change
- Working within a strict timeline
- Ensuring smooth transition of care
- Assisting behavioral health recipients with choosing a Part D plan that best meets their needs
- Ensuring each behavioral health recipient is enrolled in an appropriate Part D plan by 1/1/2006

# What educational resources/tools are available?

- Website:
  - http://www.azdhs.gov/bhs/mma.htm
- ADHS/DBHS Educational Forums
  - Future dates and topics TBD
- Telephone:
  - Johnna Malici, Policy Office Manager (602) 364-4652
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